

**Pelham Recreation Department  
Pelham, New York**

**Team Name** \_\_\_\_\_ **League** \_\_\_\_\_

**2017 Men's Basketball Roster**

Non-Resident Players (1 Allowed)

Name	Address	Tele #	Age
1.			

Past Resident Players (1 allowed) – Parent/Parents must be Current Pelham Residents

Name	Address of Parents	Tele # (Parents)	Age
1.			

Permanent Full Time Resident or Taxpayer

Name	Address	Tele # (Home)	Age
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

**Manager** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_  
**Cell Phone** \_\_\_\_\_

**Coach** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_  
**Cell Phone** \_\_\_\_\_